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22850 ATTORNEY DOCKET NO CONFIRMATION NO APPLICATION NO. FIRST NAMED INVENTOR FILING DATE 2573 Martin Kraehenbuehl 341717US28 09/967,045 10/01/2001 TITLE OF INVENTION: ON-LINE REINSURANCE CAPACITY AUCTION SYSTEM AND METHOD DATE DUE ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE APPLN. TYPE SMALL ENTITY \$1810 10/26/2010 \$1510 \$300 50 nonprovisional NO FYAMINED ARTUNIT CLASS-SUBCLASS SHRESTHA, BUENDRA K 3691 705-037000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Oblon, Spivak, (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, McClelland, Maier (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3 & Neustadt, L.L.P. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE. Zurich, SWITZERLAND SWISS REINSURANCE COMPANY Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s); (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: N Issue Fee A check is enclosed. Payment by credit card. Transmitted via-EFS-Web. Dublication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) h. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g/Q).

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